

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 10/573,470 Filing Date _____
Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1	2					53						
4	2	1					54						
5	1	2					55						
6	2	1					56						
7		1	2				57						
8		2	1				58						
9		1	2				59						
10	1	1					60						
11	1	1					61						
12	1	1					62						
13	1	1					63						
14	1	1					64						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	24	1	1	1	1	1	TOTAL DEP.						
TOTAL CLASSES	25	1	1	1	1	1	TOTAL CLASSES						

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